

1.) CORPORATION NAME:

MSI-US

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **05031075**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 19TH ST, NW
2ND FL

CITY/ST/ZIP: WASHINGTON, DC 20036-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: DANA SCOTT HOVIG
TITLE: PRESIDENT
ADDRESS: 1 CONWAY ST FITZROY SQ
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME: PHILIP D HARVEY
TITLE: VICE PRESIDENT
ADDRESS: 1701 K STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20006-

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OFFICER

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DIRECTOR

NAME: ANDREA FEARNEYHOUGH
TITLE: VICE PRESIDENT
ADDRESS: 1 CONWAY STREET
CITY/ST/ZIP/CO: LONDON,,,UNITED KINGDOM (GREAT BRITAIN)
, -,

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OFFICER

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DIRECTOR

NAME: STEFANIE WALLACH
TITLE: VICE PRESIDENT
ADDRESS: 1 CONWAY STREET FITZROY SQ
CITY/ST/ZIP/CO: LONDON,,,UNITED KINGDOM (GREAT BRITAIN)
, -,

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OFFICER

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DIRECTOR

NAME: NOMI FUCHS-MONTGOMERY
TITLE: SECRETARY
ADDRESS: 1300 19TH STREET NW
CITY/ST/ZIP/CO: WASHINGTON, VA -

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIANNE LIEBMANN ASST SECRETARY 1 CONWAY STREET, FITZROY SQ LONDON,,,UNITED KINGDOM (GREAT BRITAIN) , -,	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX K BROWN TREASURER 1 CONWAY ST FITZROY SQ , -,	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ALLEN HOLSCHER CHAIRMAN 1 CONWAY ST FITZROY SQ , -,	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R.L. BLACK, MD DIRECTOR 1 CONWAY ST FITEROY SQ , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATASHA SAKOLSKY DIRECTOR 1111 19TH STREET NW SUITE 1120 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELE THORBURN DIRECTOR 1701 K STREET NW WASHINGTON, DC 20006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITCHELL WARREN DIRECTOR 423 WEST 127TH STREET 4TH FLOOR NEW YORK, NY 10027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ NOMI FUCHS-MONTGOMERY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		NOMI FUCHS-MONTGOMERY, SECRETARY PRINTED NAME AND CORPORATE TITLE	
		3/21/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			